South Hill Little League

2024 Safety Plan

Contents

Qualified Safety Plan Requirements

1. League Safety Officer: **Elizabeth Bost**, on file with Little League Headquarters.
2. South Hill Little League will distribute a paper copy of this Safety Plan to all Managers/coaches, league volunteers, and the District 10 Administrator

3. Contact Information
    - Local Police Emergency: 911
    - Pierce County Sheriff: 253.798.7530
    - Central Pierce Fire & Rescue: 253.538.6400
    - Good Samaritan Hospital: 253.697.4000
    - Tacoma General Hospital: 253.403.1000
    - Poison Control: 800-222-1222
    - SHLL Board Members: Available on the website under "Our League" or click here

Activity

- 2024 Safety Plan submitted: December 8, 2023
- 2024 First-aid Training scheduled for: **Multiple self-paced sessions online (http://www.firstaidforfree.com)**
- 2024 Coaching Fundamentals scheduled for: **To be scheduled.**
- 2024 Umpire Training scheduled for: **To be scheduled.**

Reviews

- Reviewed umpire responsibilities with Umpire Scheduler
- Reviewed facilities responsibilities with Facilities Director.
- Reviewed equipment responsibilities with Equipment Manager.

Policy Statement

"South Hill Little League is a non-profit organization run by volunteers whose mission is to help make baseball and softball dreams a reality by providing a safe environment for our children to learn, play, and grow in."

Safety Requirements

The following is a list of requirements mandated by Little League International that related to safety.

1. This Safety Plan must be submitted to Little League International for them to store on file.
2. This Safety Plan must be provided in PRINTED FORMAT to all teams. (A copy will also be available from the website)
3. This Safety Plan includes a list of all emergency contact board members, emergency procedures, contact numbers for local emergency services, and an Emergency Plan.
4. All volunteers must have a background checked conducted prior to volunteering. Anyone refusing to fill out a Volunteer Application is ineligible to be even a league member.
5. Coaching fundamentals training will be provided to all coaches and managers. This training is required to be attended by at least one team representative each year.
6. First-aid training will be provided to all coaches and managers. This training is required to be attended by at least one team representative each year. Licensed doctors and registered nurses and others do not need to take additional training.
7. Coaches and umpires must walk fields prior to a game or practice to identify and remove hazards.
8. The League must complete the annual Little League Facility Survey.
9. The League must have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.
10. Coaches and umpires must regularly inspect and replace equipment as needed.
11. Coaches must report accidents or injuries promptly (within 24-48 hours).
12. Coaches must have a first-aid kit at each game and practice.
13. Coaches must enforce all Little League rules, including those related to proper equipment. Coaches or managers may not warm up pitchers during games or practices.
14. The League must submit all player registration, player roster, and coach and manager data to Little League International
15. A Qualified Safety Plan Registration Form must be filled out by the League when submitted this plan.

League Policies

The following is a list of policies that South Hill Little League enforces. These, at minimum, meet the requirement of Little League International, but may include additional items or details that are policies for our local league only.

Organization

- South Hill Little League has an active Safety Officer on file. We have also established the Safety Officer as a board position with part of the annual budget allocated for safety.

- Our league has a published Coaches Manual, which contains a section regarding safety. This manual resides on the SHLL web site.
- Managers, coaches, and team parents are encouraged to help educate and enforce the SHLL Safety Code as outlined in Appendix B.
- All injuries are reported to the Safety Officer within 24 hours. An Injury/Tracking Report form is filled out following each injury and submitted to the league safety officer (or Board member if the safety officer is not available) within 48 hours.
- Each team is supplied a first-aid kit which includes an ASAP Incident Tracking Form. First-aid kits are required at all practices and games as per the SHLL Safety Code as outlined in our Coaches Manual.
- All catchers must wear a mask with a dangling throat protector and catchers helmet during infield practice and pitcher warm-up during practice and games as outlined in the SHLL Safety Code.
- All managers and coaches are encouraged to educate players and parents on the use of mouth guards or face guards.
- No on-deck batters are permitted.
- Coaches or other adults will not warm up pitchers.
- SHLL strictly enforces the "no tolerance" rule when it comes to the safety of our players and personnel as outlined in our Safety Code.
- All volunteers who desire to become a manager, coach, or league official must fill out the Little League Volunteer Application form, which is available at time of registration and also as an addendum handed out at the coaches meeting.
- Background checks for sexual abuse are conducted on all Board officials, Managers, Coaches and anyone who provides regular service to the league and/or have repetitive access to or contact with players or teams.

Facilities and Equipment

- Pre-season field inspections are done on all game and practice fields to identify potential hazards and needed upgrades.
- All managers, coaches, and umpires are required to inspect the playing field for safety hazards prior to the start of each game or practice. Any issues must be brought to the attention of the Safety Officer, Field Director, and Player Agent as outlined in the SHLL Safety Code.
- Each team is encouraged to appoint a safety parent who is responsible for having a cell phone available at all games and practices in case of an emergency.
- A complete Little League Facility Survey will be sent to the District Safety Officer and Little League Headquarters annually.
- The Safety Officer and Equipment Manager in accordance with district safety regulations inspect all equipment issued through SHLL prior to being issued. All discarded equipment is destroyed prior to being disposed.
- All managers, coaches, team safety officers and umpires routinely inspect equipment for safety violations and replace as needed.
- South Hill Little League does not incorporate a concession stand at this time.

Training

- The league's Coaches manual also includes a First Aid section so that teams will have information handy in case of an emergency. The Coach's manual contains valuable information on heat exhaustion, inclement weather and proper condition and stretching.
- First-aid classes are held annually.
- Coaching fundamental clinic is held annually.

Safety Code

The Board of Directors of South Hill Little League has mandated the following ***Safety Code***. All managers and coaches will read this ***Safety Code*** and then read it to the players on their team.

- Responsibility for safety procedures belongs to every adult member of South Hill Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires are recommended to have training in First Aid.
- **First-aid kits are issued to each team manager and are required at all practices and games.**
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- **No gas heaters are allowed in or around the dugouts or on the playing field at any time. NO EXCEPTIONS!**
- **Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.**
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches. During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- **Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.**
- Except when a runner is returning to a base, headfirst slides are not permitted.

- During sliding practice, bases should not be strapped down or anchored. **On-deck batters are not permitted (except in Junior/Senior divisions).** At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- Managers will only use the official Little League balls supplied by SHLL.
- Once a ball has become discolored, it will be discarded.
- All male players will wear athletic supporters or cups during games. Catchers MUST wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors and soft cup.
- All catchers must wear chest protectors with neck collar, mask with "dangling" throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- **All catchers must wear a mask with "dangling" throat protector and catcher's helmet during infield practice and pitcher warm-up during practice and games. *NO EXCEPTIONS!* Note: Skullcaps are not permitted.**
- **Managers or Coach's may not warm up Pitchers before or during a game.**
- Shoes with metal spikes or cleats are **not** permitted, except Juniors and Seniors divisions. Shoes with molded cleats are permissible.
- **Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)**
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- **Catchers may not catch in practices, or games without wearing full catcher's gear and an athletic cup as described above.**
- **Managers will never leave an unattended child at a practice or game.**
- Report any present or potential safety hazard to the SHLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol or drugs allowed on the premises at any time.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No smoking within twenty feet of the dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of spectator.
- No throwing rocks.
- No climbing fences.

- No swinging on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

Equipment Safety

The Equipment Manager is an elected SHLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The SHLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the SHLL Equipment Manager. Unused First-Aid kits should be turned in with the equipment.

- Each team shall have protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by SHLL at the beginning of the season. **If players decide to use their own helmets, they must meet NOCSAE specifications. These helmets will have NOCSAE embossed on the back of the helmet.**
- Each helmet shall have an exterior warning label placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors and soft cup.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the SHLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Pitchers can no longer wear Multi-colored gloves.

Responsibilities

The following is a list of responsibilities relating to safety for South Hill Little League. If you are in one or more of the following roles, please review the material to ensure that you know and understand your duties and responsibilities.

Managers and Coaches:

The Manager is a person appointed by the president or Player Agent to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

(a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
(b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches, players and parents.
(c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.
(d) All Managers/Coaches MUST be WATCH approved before they can be on the field.

Pre-Season:

Managers will:

- Take possession of this Coaches Manual and the First-Aid Kit supplied by SHLL Safety Officer.
- **Appoint a volunteer** parent as *Team Safety Officer* (**TSO**). The **TSO** must be able to be present at all games and must own or have access to *a* ***cell phone*** for emergencies.
- **If a TSO is not appointed than the Manager will assume the responsibilities of the TSO.**
- Meet with all parents on "Parents' Day" to discuss Little League philosophy and *safety issues*.
- Cover the basics of *safe play* with his/her team before starting the first practice.
- **Teach players the *fundamentals*** of the game while advocating safety.
- Notify parents if a child is injured or ill. If injury requires medical attention he or she cannot return to practice unless they have a note from their doctor. This ***medical release*** protects you if that child should become further injured. ***There are no exceptions to this rule.***
- Encourage players to bring *water bottles* to practices and games.
- Encourage your players to wear ***mouth protection***.
- ***** First-time Managers and Coaches*** are encouraged to read books or view video on Little League Baseball mechanics and fundamentals.

Season Play:

Managers will:

- Work closely with Team Safety Officer to make sure *equipment* is in first-rate working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- **Not expect more from their players than what the players are capable**
- Teach the ***fundamentals*** of the game to players (refer to section 3).
    - Catching fly balls

    - Sliding correctly
    - Proper fielding of ground balls
    - Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that ***prevention*** is the key to reducing accidents to a minimum.
- Always have First-Aid Kit and Coaches Manual on hand.

Pre-Game and Practice:

Managers will:

- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Home team has field responsibility such as lining the field and in Minors supplying the umpire.
- Visiting team takes infield 20 minutes before game time and the Home team takes it 10 minutes before game time.
- Make sure players are healthy, rested and alert.
- Make sure players returning from an injury which required medical attention has a medical release form signed by their doctor. Otherwise, they cannot play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup and dangling throat protector.
- Make sure equipment is in good working order and is safe.

During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players ***alert***.
- Maintain ***discipline*** at all times.
- Be ***organized***.
- **Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.**
- Make sure catchers are wearing the ***proper equipment***.
- Encourage everyone to think ***Safety First***.
- Observe the "***no on-deck***" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off and fingers out of fences.
- Get players to ***drink*** often so they do not dehydrate. Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

Post-Game and Practice:

Managers will:

- Restore the field to a condition better than they found it. Fill all holes and rake the infield.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- ***Notify parents if their child has been injured*** no matter how small or insignificant the injury is**.** ***There are no exceptions to this rule***. This protects you, Little League Baseball, Incorporated and SHLL.
- Discuss any safety problems with the Player Agent that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the SHLL Safety Officer within 48 hrs.

Umpires

Pre-Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers. Run hands along bats to make sure there are no slivers.
- Make sure there are foam inserts in helmets and that helmets meet Little League ***NOCSAE*** specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass). Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.

During the Game

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment. Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-Game

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the SHLL Safety Officer.

Field Director

The SHLL Facilities Director is responsible to ensure the fields and structures used by SHLL meet the safety requirements as set forth in this manual.

Equipment Manager

The SHLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Safety Officer

Within 24 hours of receiving the *SHLL Injury tracking report*, the SHLL Safety Officer will contact the injured party or the party's parents and:

- Verify the information received;
- Obtain any other information deemed necessary;
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the South Hill Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the SHLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries.
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the ***first care*** given to a victim. It is usually performed by the ***first person*** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. ***Know your limits!***

The average response time on ***9-1-1*** calls is 5-7 minutes. Enroute Paramedics are in constant communication with the local hospital at all time preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post- season) and any other SHLL Little League event where children's safety is at risk.

To ***replenish materials*** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the SHLL Safety Officer. (See contact information and email address in phone section of this Safety Manual.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The ***"Good Samaritan Laws" give legal protection*** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling ***9-1-1***.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first- aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Accident Reporting Procedure

What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SHLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to Report

All such incidents described above must be reported to the SHLL Safety Officer within 24 hours of the incident.

How to Make a Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.
- Supplies used from First Aid Kit

An ***Injury Tracking Report*** must be filled out and returned to the SHLL Safety Officer within 48 hours.

Team Safety Officer's Responsibility

The TSO or Manager will fill out the ***SHLL Injury Tracking Report*** and submit it to the SHLL Safety Officer ***within 48 hours of the incident***. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the SHLL Safety Officer. (SHLL Injury Tracking Forms can be found in the Appendix) Accidents occurring outside the team (i.e., spectator and third-party injuries) shall be handled directly by the SHLL Safety Officer.

Evacuation Plan

Severe storms, lightning, earthquakes, fire and eruptions are all possible in Washington. For this reason, SHLL must have an ***evacuation plan***.

In case of an emergency requiring evacuation:

1. All players will return to the dugout and wait for their parents to come and get them.
1. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
2. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.

Insurance Policies

Little League accident insurance, CNA, covers only those activities approved or sanctioned by Little League Baseball, Incorporated. ***This coverage does not provide protection regarding unscheduled play or practice of baseball and softball.***

Explanation of Coverage

The CNA Little League's insurance policy is designed to afford protection to all participants at the most economical cost to SHLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the SHLL, not the parent - takes over and provides benefits, after a $50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the insurance works

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a *$50 deductible* per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *$50 deductible* per claim, up to the maximum benefits of the policy.
4. Treatment of *dental injuries* can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is $500 for eligible dental treatment after the normal fifty-two-week period, subject to the $50 deductible per claim.

Filing a Claim

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the SHLL Safety Officer. She forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 322-2376. Contact the SHLL Safety Officer for more information.

Appendix A: Preventative Measures

Hydration

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* -- especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become ***overheated***.

We usually think about ***dehydration*** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty***. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity, water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active.

Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further.

Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

Conditioning & Stretching

Conditioning is an integral part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as *"warm-up,"* have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

- Stretch necks, backs, arms, thighs, legs and calves.

- Don't ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

Hints on Calisthenics

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout.

Pitching

Pitch count does matter. Every year, at our annual First-Aid clinic, the sports doctor that lectures focuses the majority of his material on warning future managers and coaches about pitching injuries and how to prevent them.

Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. ***A child cannot be expected to perform like an adult!***

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicedial ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow

and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

Preliminary Data Have demonstrated the following:

1. A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
2. A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
3. In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
4. The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
5. The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
6. The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
7. A slider increased the risk of both elbow and shoulder problems. Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50-60 for the 8-12 age groups and 50- 75 for the 13 and 14-year-olds.

Based on this research, SHLL recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist.

Little League International has pitch count limits for each pitcher. Once these pitch counts are reached, the pitcher must be replaced. Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.

Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game.

Children should not be encouraged to "play through pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.

Weather

Most of our days are overcast with chance of rain, which creates ***unsafe weather conditions***.

Rain

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away

If you can **HEAR, SEE OR FEEL a THUNDERSTORM**:

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather

If we do happen to get hot weather precautions must be taken to insure the players on your team do not ***dehydrate*** or ***hyperventilate***.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call ***9-1-1*** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (*See section on Hydration*)

Ultra-Violet Ray Exposure

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as ***melanoma***.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, applying a sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

Communicable Disease Procedures:

While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Use gloves when contact with blood or other body fluid is anticipated to prevent mucous membrane exposure *(latex gloves are provided in First Aid Kit*).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of
- Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- CPR Masks will be available in the concession stands and clubhouse.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and SHLL does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, *DO NOT* remove it.

Treatment

1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
4) Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms

Signs of allergic reaction may include nausea; severe swelling;

breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment

1) For mild or moderate symptoms, wash with soap and cold water.
2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4) If victim has gone into shock, treat accordingly (see section, "Care for Shock").

Common Sense

Playing safe boils down to using **common sense**.

An example of **common sense** - You witness kids throwing rocks or batting rocks. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of **common sense** is: “Native good judgment; sound ordinary sense.” In other words, to use **common sense** is to realize the obvious. Therefore, **if you witness something that is not safe, do something about it**! And encourage all volunteers and parents to do the same.

Appendix B: Treatment at Site

Do . . .

- Access the injury. If the victim is conscious, find out what happened,
- where it hurts, watch for shock.
- Know your limitations.
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Look for signs of *injury (blood, black-and-blue, deformity of joint etc.*)
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if it involves them.
- Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't…

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- Transport injured individual except in extreme emergencies.

When Calling for Help

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps. First Dial **9-1-1**. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- The telephone number from which the call is being made. The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved.
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.

Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim till professional help arrives.

Appoint somebody to go to the street and look for the ***ambulance*** and fire ***engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call

If the injured person is unconscious, call ***9-1-1*** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call ***9-1-1*** anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 9-1-1- and requests paramedics. **Also Call 9-1-1 for any of these situations:**

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Checking the Victim

Conscious Victims

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth. 5) Look for cuts, bruises, bumps, or depressions.
5. Watch for changes in consciousness.
6. Notice if the victim is drowsy, not alert, or confused.

7. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
8. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
9. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
10. Ask the victim again about the areas that hurt.
11. Ask the victim to move each part of the body that doesn't hurt.
12. Check the shoulders by asking the victim to shrug them.
13. Check the chest and abdomen by asking the victim to take a deep breath.
14. Ask the victim if he or she can move the fingers, hands, and arms.
15. Check the hips and legs in the same way.
16. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps moans or cries.
17. Look for odd bumps or depressions.
18. Think of how the body usually looks. If you are not sure if something is out
19. of shape, check it against the other side of the body.
20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
21. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
22. When the victim feels ready, help him or her stand up.

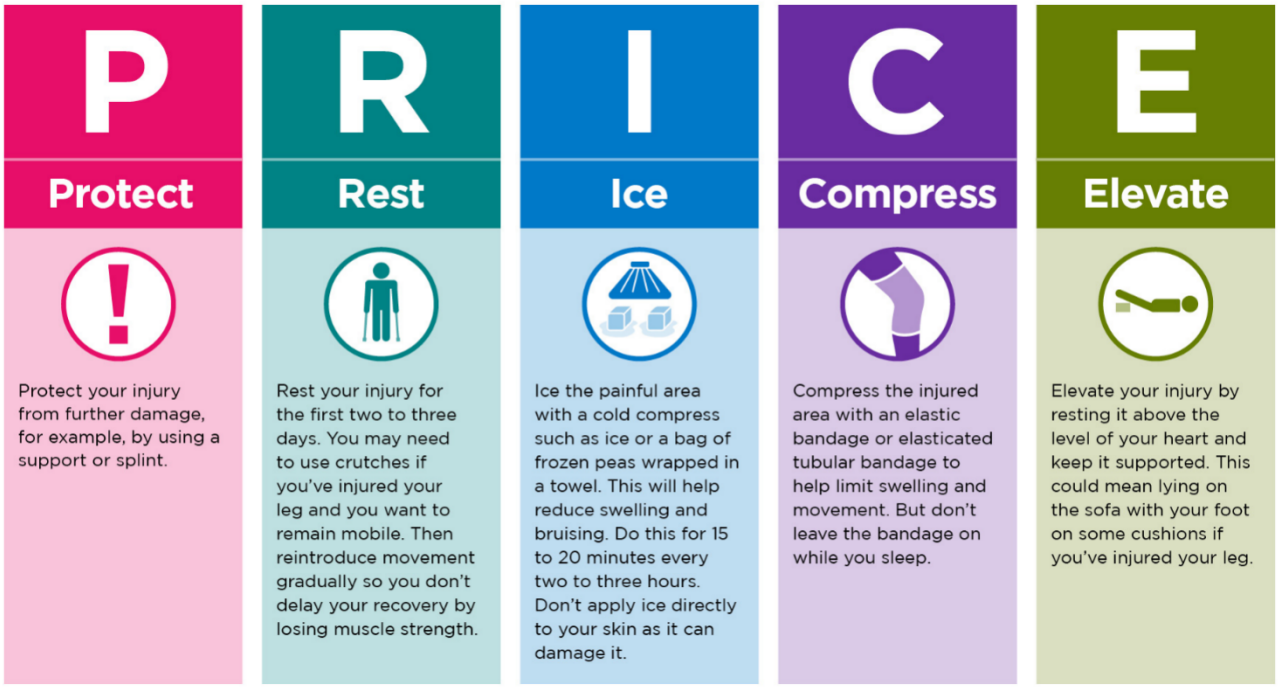
Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

Checking an Unconscious Victim

1. Tap and shout to see if the person responds. If no response -
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

When treating an injury, remember:



Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries

Always suspect a serious injury when the following signals are present:

- Significant deformity.
- Bruising and swelling.
- Inability to use the affected part normally.
- Bone fragments sticking out of a wound.
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.
- The injured area is cold and numb.
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries

If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg. Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water. If a twisted ankle, do not remove the shoe -- this will limit swelling. Consult professional medical assistance for further treatment if necessary.

Treatment for Fractures

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc.

Treatment for broken bones

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Osgood Schlaughter's Disease

Osgood Schlaughter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

1. Icing the painful areas.
2. Making sure the child rests when needed.
3. Using Ace or knee supports.

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

1. If a player, remove player from the game.
2. See that victim gets adequate rest.
3. Note any symptoms and see if they change within a short period of time.
4. If the victim is a child, tell parents about the injury and have them monitor the child after the game.
5. Urge parents to take the child to a doctor for further examination.
6. If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries).

Head and Spine Injuries

When to suspect head and spine injuries

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, roller blade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries

- Changes in consciousness

- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

1. Call 9-1-1 immediately.
2. Minimize movement of the head and spine. Maintain an open airway.
3. Check consciousness and breathing. Control any external bleeding.
4. Keep the victim from getting chilled or overheated till paramedics arrive and
5. take over care.

Contusion to Sternum

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

1. If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
2. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures

- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain

Care for Sudden Illness

1. Call 9-1-1
2. Help the victim rest comfortably.
3. Keep the victim from getting chilled or overheated.
4. Reassure the victim.
5. Watch for changes in consciousness and breathing.
6. Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10

inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Caring for shock involves the following simple steps:

1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.

4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing

If Victim is not Breathing

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

   Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

5) Check for a pulse at the carotid artery (use fingers instead of thumb).
6) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
7) Continue rescue breathing as long as a pulse is present but person is not breathing.

If Victim is not Breathing and Air Won't Go In

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

Heart Attack

Signals of a Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty -
    - Victim's breathing is noisy.
    - Victim feels short of breath.
    - Victim breathes faster than normal.
- Changes in pulse rate -
    - Pulse may be faster or slower than normal
    - Pulse may be irregular.
- Skin appearance -
    - Victim's skin may be pale or bluish in color.
    - Victim's face may be moist.
    - Victim may perspire profusely.
- Absence of pulse -
    - The absence of a pulse is the main signal of a cardiac arrest.

The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care for a Heart Attack

1. Recognize the signals of a heart attack.
2. Convince the victim to stop activity and rest.
3. Help the victim to rest comfortably.
4. Try to obtain information about the victim's condition.
5. Comfort the victim.
6. Call ***9-1-1*** and report the emergency.
7. Assist with medication, if prescribed.
8. Monitor the victim's condition.
9. Be prepared to give CPR if the victim's heart stops beating.

Giving CPR

1. Position victim on back on a flat surface.
2. Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
3. Find hand position on breastbone. (See figure above)
4. Position shoulders over hands. Compress chest 15 times. (For small children only 5 times) *The sternum should be compressed to a depth of 1 1/2 - 2 inches for adults.*
5. With victim's head tilted back and chin lifted, pinch the nose shut.
6. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 breath)

7. Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
8. Recheck pulse and breathing for about 5 seconds.
9. If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, compressions and 1 breath)
10. When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

> ***It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.***

When to stop CPR

1. If another trained person takes over CPR for you.
2. If Paramedics arrive and take over care of the victim.
3. If you are exhausted and unable to continue.
4. If the scene becomes unsafe.

If A Victim is Choking -

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during

inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich maneuver:

1. Stand behind the victim.
2. Reach around victim with both arms under the victim's arms.
3. Place thumb side of fist against middle of abdomen just above the navel.
4. Grasp fist with other hand.
5. Give quick, upward thrusts.
6. Repeat until object is coughed up.

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding,

1. **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding on The Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds, you must:

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT... to protect against contamination with ointment supplied in your First-Aid Kit.

COVER... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars**.

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
4. If unable to re-implant:
    a. Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a- tooth."
    b. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
    c. 3rd best - Wrap tooth in saline soaked gauze.
    d. 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
    e. 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest

degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

Luxation (Tooth in Socket, but Wrong Position)

Three positions:

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST**.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST**.

Fracture (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth be gently biting on a towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

Burns

Care for Burns

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

If a chemical burn,

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).

If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2. If a dry chemical has burned eye, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart.
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

1. Call ***9-1-1*** immediately.
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
3. ***DO NOT*** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person

If injury involves neck or back, *DO NOT* move victim unless absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

1. Carefully turn victim toward you and slip a half-rolled blanket under back.
2. Turn victim on side over blanket, unroll, and return victim onto back.
3. Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Appendix C: Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiological-based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately, more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD?

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- Often easily distracted by extraneous stimuli

- Often forgetful in daily activities

Hyperactivity - This is where the child:

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Often "on the go" or often act as if "driven by a motor"
- Often talks excessively

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

Emotional Instability - This is where the child:

- Often has angry outbursts
- Is a social loner
- Blames others for problems
- Fights with others quickly
- Is very sensitive to criticism

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two-step instructions. For older children, more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time "fitting in." They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial "bull in the china closet" and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a

developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

Appendix D: Other Forms/Links

A list of forms can be found on the South Hill Little League Website under “Coaches” and “Safety” (Click Here)

Accident Claim Form Instructions (Click Here)
Accident Claim Form (Click Here)
Injury Tracking Form (Click Here)
Concussion Compliance Training (Click Here)
Volunteer Application Form (Click Here)
OR Sign up under “Registration” and “Volunteer” (Click Here)
Little League Rule Changes & Clarification (Click Here)
Medical Release Form (Click Here)

Thank you,

Elizabeth Bost

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